

PARTNERS IN TRUST

I support the Partners in Trust Program of the Charlottesville Regional Chamber of Commerce and agree to a one year commitment at the level indicated. I understand the program commitment is in addition to my annual membership dues. _____ The one-year commitment begins on the first business day of _____

Initial

Month / Year

Partnership Levels

\$1,000 * \$5,000 \$10,000 \$15,000 \$20,000 \$50,000

* for members with ten or fewer full-time employees

CONTACT INFORMATION:

Company: _____

Authorized Contact: _____

First

Last

Job Title

Address: _____

Street

City

State

Zip

Email Address: _____

Phone: _____ Fax: _____

PAYMENT INFORMATION:

Full Payment (Annually) Semi-Annually

Send an invoice to the address above, Attn: _____

Payment is enclosed (make checks payable to Charlottesville Regional Chamber of Commerce)

Charge my VISA Master Card American Express

Card Number: _____ Expiration: _____ V Code: _____

Name on Card: _____

Credit Card
Billing Address: _____

Street

City

State

Zip

REQUIRED SIGNATURES:

Authorized Company Representative / Title: _____
Date

Authorized Chamber Representative / Title: _____
Date

Upon enrollment please send a logo image (.jpg or .png) to annmarie.hohenberger@cvillechamber.com

